

# Medical Ideals Not Always Easy to Live Up To

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Contributing Writer

WASHINGTON — Easier said than done. That may be the take-away message from a study that revealed troubling gaps between physicians' attitudes and behavior when it comes to standards of professionalism.

A national survey of 3,500 primary care and specialist physicians found that 95% said physicians should report incompetent or impaired colleagues. However, only 56% of those who had been in a position to do so, in fact, did.

"It's simply not acceptable that bad physicians aren't being reported to the proper authorities," said Dr. James N. Thompson, president and CEO of the Federation of State Medical Boards, at a press briefing to release the findings.

The survey also showed that 92% of physicians thought they should always report medical errors, but 31% admitted to not doing so on at least one occasion.

"Most physicians are trying to do the right thing, under increasingly difficult circumstances," said Dr. David Blumenthal, director of the Institute for Health Policy at the Massachusetts General Hospital, Boston, and senior author of the study (Ann. Intern. Med. 2007;147:795-802).

Those circumstances include not only financial pressures, but also the seemingly constant threat of lawsuits, he said. "I'm neither surprised nor disheartened by the study's outcome. It just shows that doctors are people," said Dr. Ari Silver-Isenstadt, a pediatrician at Franklin Square Hospital Center in Baltimore.

For example, while 96% of physicians said that they should put the patients' welfare above their own financial interests, 84% had accepted food or beverages from

drug company representatives. Smaller percentages admitted receiving drug samples, admission to CME events, consulting or speaking fees, travel tickets to sporting events, and other industry-provided perks.

Physicians may feel they are not influenced by such marketing, but even the appearance of a conflict can undermine patient trust.

"It took me awhile to recognize that I am just as vulnerable as any other Joe to advertising, but given my fiduciary responsibility to my patients, I have to be more vigilant," said Dr. Silver-Isenstadt, recalling the novelty and allure of industry grants and gifts when he was new to the profession.

Despite everyday obstacles to professionalism, the authors took it as a hopeful sign that physicians have the right attitude. What is needed next is the ability to bridge

that divide between attitude and action in a nonpunitive environment. "We have to create a health care system that is safe for professionalism," Dr. Blumenthal said.

That is borne out by the work of both national groups and more local efforts, said Dr. Peter Cohen, a retired anesthesiologist who chairs the physicians health program for the Medical Society of the District of Columbia, which steps in when physicians are abusing drugs or alcohol.

"We have hospitals reporting, patients reporting, colleagues reporting. They know that ... they are doing both the drug-abusing physician and society a favor, because these people do get into treatment and over 90% return to practice," said Dr. Cohen, who also is an adjunct professor of law at Georgetown University, Washington. "It's not enough to just say 'woe is us, we've got a disconnect.' It's important that people look for the reasons behind the disconnect and do something about it. ... As more and more knowledge is gathered, the disconnect will begin to disappear," he said. ■

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